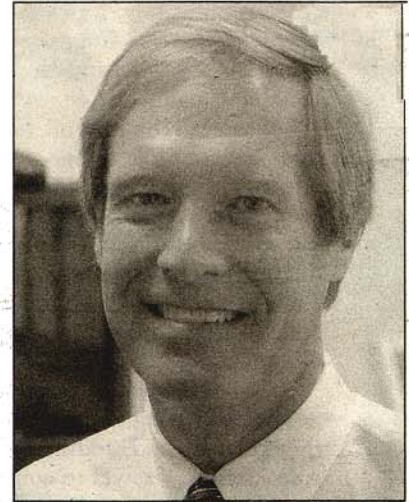


Hospital NewsTM

THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

Joint Program Addresses Behavioral Health Needs of Returning U.S. Soldiers

BY JOHN FRIES



Dr. Jeffrey Peters

The stories about the effects of war have been told repeatedly for many years. Men and women serving in the United States military do a tour of duty during wartime, and return home with behavioral problems that affect them long after they've been discharged. The problems were there well before they were given the official name-post-traumatic stress disorder (PTSD)-in 1980.

On a brisk, gray morning, in December 2005, dozens of medical professionals and military family members packed an auditorium in a building atop the VA Pittsburgh Healthcare System's sprawling hilltop campus. They had come together, both to discuss and learn about, the variety of health issues that may remain long after the uniforms and gear are stored away.

"Welcoming Home Military Personnel: What Health Care Providers Need to Know," was an all-day program, jointly developed and presented by the Western Psychiatric Institute and Clinic's Office of Educational and Regional Programming; the University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences; the VA Pittsburgh Healthcare System and the VAs Mental Illness Research, Education and Clinical Center.

A full schedule of speakers representing the medical and military communities—including doctors, social workers and program directors—provided a comprehensive, informative overview of these issues and the services available in the greater Pittsburgh area for veterans of Operation Enduring Freedom and Operation Iraqi Freedom. During the program, presenters identified behavior health problems, reviewed evidence-based treatment approaches, described issues related to readjustment and transitioning and provided programs and resources for those seeking help.

Jeffrey Peters, M.D., vice president of behavioral health at the VA Pittsburgh Healthcare System, served as a presenter. "At the VA, we've seen a sharp increase in veterans who have symptoms of PTSD," he says. "We opened our clinic in 2003 and,

COVER STORY: Joint Program Addresses Behavioral Health Needs of Returning U.S. Soldiers

Continued on page 39

Continued from page 1

since then, have been seeing the problems we thought we'd see."

Not everyone who returns from combat duty has symptoms, according to Peters, but many do. "There's a reaction we all have to situations we perceive as dangerous—it's called fight or flight. When we're confronted with a fearful situation, our natural response is to confront it or run away to escape it. Once we're away from the perceived danger, our response mechanisms return to a normal level. One theory is that some people can't bring their response back to a normal level, and that might account for why they continue to experience problems after returning from the battlefield."

Peters adds that delayed PTSD sometimes happens. "We've worked with people at the clinic who served during World War II and had very traumatic experiences, like being held as prisoners of war. After returning home, they may have become workaholics or maintained a busy social schedule, which kept their minds occupied. Then, after they retired and found themselves with time on their hands, they started to reflect on the past and the memories returned."

According to Peters, there are a number of options to help former soldiers cope with problems; the symptoms for which can range from nightmares to anger during the day.

"Medications, such as antidepressants, can help manage some of the most severe symptoms," he says. Most recently, drugs like Prazosin have been used. Also, talking therapies, both individually and as part of a group, can provide relief."

He says the military realizes the existence of the problems and has been taking a proactive approach to help soldiers transition back to civilian life. "We know from talking to former military personnel that they've had debriefings while in the military."

He also adds that the healthcare community is becoming more aware that these problems are occurring, which, in large part, is why the recent program was held. However, not enough is presently known to help medical professionals determine, prior to a person entering military service, who might be susceptible to post-combat behavioral issues.

"But," he says, "this program was a good first step, and hopefully, it helped start a dialogue that will continue."

Dr. Peters can be contacted at jeffreypeters@medva.gov. Anyone interested in learning more about the programs for military veterans is invited to call (412) 365-5150.

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